

Department of Public Health  
Weekly Time Log Worksheet

Agency: DPH  
Pay Org: 0294

Download Date: 2/8/2012 1:43:22 PM  
WeekEnd Date: 2/11/2012  
Pay Period End Date: 2/11/2012  
Accrual Calc Date: 1/28/2012

Mail Drop ID's: 2048

SIGNATURE: Elly Edwards DATE: 2/9/10

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EmplID Position# Jobcode BU Std Hrs	Sunday (2/5)	Monday (2/6)	Tuesday (2/7)	Wednesday (2/8)	Thursday (2/9)	Friday (2/10)	Saturday (2/11)	Leave Balances
This Timelog Report was downloaded from HRConnectsUs and represents data from HR/CMS Information Warehouse (CIW). In the case that information on this report conflicts with information in the CIW, the information contained in CIW will be considered the official record.								

EmplID Position# Jobcode BU Std Hrs	Sunday (2/5)	Monday (2/6)	Tuesday (2/7)	Wednesday (2/8)	Thursday (2/9)	Friday (2/10)	Saturday (2/11)	Leave Balances
<b>Division: 2048</b>								
296644 - 0 00059214 (2048) E20Y13 09 Corbett 37.50 Kate REG SDF:   Shift 1	0	7.5	7.5	7.5	7.5	7.5	0	PER 22.500 COM 0.000 PLC _____ VAC 100.255 SIC 48.125
241373 - 0 00028808 (2048) E20Y13 09 Frasca 37.50 Daniela REG SDF:   Shift 1	0	7.5	7.5	7.5	7.5	7.5	0	PER 22.500 COM 29.500 PLC _____ VAC 166.250 SIC 425.000
314719 - 0 00048601 (2048) E20Y13 09 Glazer 37.50 Lisa REG SDF:   Shift 1	0	7.5	7.5	7.5	7.5	7.5	0	PER 22.500 COM 0.000 PLC _____ VAC 42.625 SIC 39.885
120459 - 0 00020748 (2048) E22Y16 09 Lawler 37.50 Michael REG SDF:   Shift 1	0	7.5	7.5	7.5	7.5	7.5	0	PER 22.500 COM 7.500 PLC _____ VAC 110.276 SIC 95.873
311855 - 0 00033050 (2048) E18Y19 09 Lleshi 37.50 Hevis REG SDF:	0	7.5	7.5	7.5	7.5	7.5	0	PER 15.000 COM 8.750 PLC _____ VAC 41.500 SIC 52.750

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EmplID Position# Jobcode BU Std Hrs	Sunday (2/5)	Monday (2/6)	Tuesday (2/7)	Wednesday (2/8)	Thursday (2/9)	Friday (2/10)	Saturday (2/11)	Leave Balances
285766 - 0 00045979 (2048) E20Y13 09 Medina 37.50 Nicole REG SDF:   Shift 1	0	7.5 <i>SIC 7.5</i>	7.5	7.5	7.5	7.5	0	PER 22.500 COM 0.000 PLC _____ VAC 93.245 SIC 26.625
118097 - 0 00047658 (2048) E24Y06 09 O'Brien 37.50 Elisabeth REG SDF:   Shift 1	0	9	6.5	9	6.5	6.5	0	PER 22.500 COM 1.000 PLC _____ VAC 246.879 SIC 397.561
139184 - 0 00039541 (2048) E07R02 06 Phillips 37.50 Gloria REG SDF:   Shift 1	0	7.5 <i>CMT 3.5</i>	7.5 <i>CMT 7.5</i>	7.5 <i>CMT 7.5</i>	7.5 <i>CMT 7.5</i>	7.5 <i>CMT 7.5</i>	0	PER 0.000 COM 0.000 PLC _____ VAC 16.875 SIC 0.005
138624 - 0 00038977 (2048) E24Y06 09 Piro 37.50 Peter REG SDF:   Shift 1	0	7.5 <i>OTP 3.5 OTP 3.25</i>	7.5 <i>OTP 4.0</i>	7.5 <i>OTP 4.0</i>	7.5 <i>OTP 3.5</i>	7.5	0	PER 22.500 COM 0.000 PLC _____ VAC 174.875 SIC 643.625
297673 - 0 00004965 (2048) E20Y13 09 Renczkowski 37.50 Daniel REG SDF:   Shift 1	0	7.5 <i>OTP 3.5 OTP 0.5</i>	7.5 <i>CMT 1.0</i>	7.5 <i>PER 7.5</i>	7.5	7.5 <i>OTP 3.0</i>	0	PER 15.000 COM 0.750 PLC _____ VAC 39.125 SIC 63.255

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EmplID Position# Jobcode BU Std Hrs	Sunday (2/5)	Monday (2/6)	Tuesday (2/7)	Wednesday (2/8)	Thursday (2/9)	Friday (2/10)	Saturday (2/11)	Leave Balances
128891 - 0 00029212 (2048) E09R01 06 Sprague 37.50 Shirley REG SDF:   Shift 1	0	7.5 <i>VAC</i> <i>2.0</i>	7.5	7.5	7.5	7.5	0	PER 37.500 COM 0.000 PLC _____ VAC 223.875 SIC 842.120
106754 - 0 00006997 (2048) E20Y13 09 Tran 18.75 Mai REG SDF:   Shift 1	0	6	0	6 <i>SIC</i> <i>1.0</i>	6.75	0	0	PER 3.500 COM 0.250 PLC _____ VAC 146.228 SIC 21.189
220854 - 0 00010739 (2048) E07R02 06 Zanolli 37.50 Janice REG SDF:   Shift 1	0	7.5	7.5	7.5	7.5	7.5	0	PER 31.000 COM 0.000 PLC _____ VAC 97.924 SIC 92.537

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## William A. Hinton State Laboratory Institute

## OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: February 6 - February 11, 2012

# of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant backlog of samples

Overtime is to be:  paid at OT rate \_\_\_\_\_ added to comp time balance \_\_\_\_\_  
(if OT rate, complete below)

OT Account: 8100 9749

*Approval:*

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: Julie Karszt Date: 2/8/12

Denial reason: \_\_\_\_\_

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Laniela Plaza	241373	10 hrs			
Michael Lawrie	120459	10 hrs			
Hevis Lleshi	311855	11.75 hrs			
Pete Piero	138694	17.5 hrs			
Daniel Konzakowski	297673	13.5 hrs			

**Director's Signa.**

*Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.*

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12
Corbett,Kate 45161000	Day: In - Out		8:00	6:00	7:40	3:40	7:50	10:00
	Lunch: Out - In		12 <sup>o</sup>	12 <sup>o</sup>	12 <sup>o</sup>	12 <sup>o</sup>	12 <sup>o</sup>	12 <sup>o</sup>
	Outside Duty: From - To							Rotary District 8:45 10:45
Document exceptions or comments, indicate type and amount.								1.75hrs. Vacation
Frasca,Daniela 45161000	Day: In - Out		10:30	6:30	6:45	6:45	6:45	4:45
	Lunch: Out - In		1:00	1:30	1:00	1:30	1:00	1:30
	Outside Duty: From - To							8:30 12:10
Document exceptions or comments, indicate type and amount.					4.0 OT	4.0 OT	15MC	2.0 OT
Glazer,Lisa 45161000	Day: In - Out		7:15	3:15	7:10	3:20		6:45
	Lunch: Out - In		12:00	12:30	12:00	12:30		12:00
	Outside Duty: From - To							12:30
Document exceptions or comments, indicate type and amount.								SIF 2.5
Lawler, Michael 45161000	Day: In - Out		8:55	8:30	8:15	7:55	7:50	8:40
	Lunch: Out - In		10 <sup>o</sup>	13 <sup>o</sup>	10 <sup>o</sup>	13 <sup>o</sup>		12:55
	Outside Duty: From - To							12:55
Document exceptions or comments, indicate type and amount.					4.5 OT	3.0 OT	5.0 PER	COM 7.5

Director's Signature:

*Pella Kauan*

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12					
Employee Signature	Day: In - Out		6:50	2:50	6:45	7:00	6:45	11:45		6:45	5:00	8:15	2:45
	Lunch: Out - In		1:00	1:30	12:30	1:00				12:00	12:30	11:30	1:00
	Outside Duty: From - To				4.25 OT	2.5 hr							
Document exceptions or comments, indicate type and amount.					↓		2.5 hrs Comp.	PER 7.5		2.25 hrs OT		6 hrs OT	
Employee Name:	Day: In - Out				755	355	130	330	740	340	740	340	
Employee Signature	Lunch: Out - In				12	12:30	12	12:30	12	12:30	12	12:30	
	Outside Duty: From - To								12:00	12:00			
Document exceptions or comments, indicate type and amount.					SIF 7.5								
Employee Name:	Day: In - Out				725	500	730	230	725	455	725	225	
Employee Signature	Lunch: Out - In				1145	1215	120	1230	1	130	1135	1205	
	Outside Duty: From - To							7:45	12:50				
Document exceptions or comments, indicate type and amount.								Middle School Superce is lesson				MAC 6:15	
Employee Name:	Day: In - Out				9:00	1:00							
Employee Signature	Lunch: Out - In				---								
	Outside Duty: From - To												
Document exceptions or comments, indicate type and amount.					CMT 3.5	CMT 2.5	CMT 2.5	CMT 2.5	CMT 2.5	CMT 2.5	CMT 2.5	CMT 2.5	

Director's Signature:

*Peter Piro*

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Piro, Peter <i>Piro</i> 45161000		645 830	645 170	645 145	700 630	645 245		
		12 1230	12 1230	12 1230	12 1230	12 1230		
Employee Signature								
Document exceptions or comments, indicate type and amount.				OT 5.75 ✓	OT 4.25 ✓	OT 4.0 ✓	OT 3.5 hr ✓	
Renczkowski, Daniel <i>D. Renczkowski</i> 45161000		645 545	645 145			645 245	645 545	645 245
		1200 1230	1200 1230			1145 1215	12 1230	1130 0200
Employee Signature								
Document exceptions or comments, indicate type and amount.				OT 3.0 hr ✓	CMT 1.0 hr ✓	7.5 hr PER ✓	W Roxbury Dist 12:30 1:15	OT 3.0 hr ✓
Sprague, Shirley <i>Sprague</i> 45161000		1100 430	105 510	850 450	95 55	835 435		
		100 130	100 130	13 100	130	100 130		
Employee Signature								
Document exceptions or comments, indicate type and amount.				VAC 2m ✓				
Tran, Mai <i>Mai Tran</i> 45161000		815 215		730 1930	715 230			
Employee Signature								
Document exceptions or comments, indicate type and amount.					1 hr sick Dr. App! ✓			

Director's Signature

*Pella Lannard*

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12
Zanolli, Janice 45161000	Day: In - Out		8- 4- 15	4- 8- 4-	8- 4-	8- 4-	8- 14	
<i>J. Zanolli</i>	Lunch: Out - In		1- 13¢	1- 13¢	1- 13¢	1- 13¢		
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				SIC 2.25				
	Day: In - Out							
	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
	Day: In - Out							
	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
	Day: In - Out							
	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

Director's Signat

Time Log/Program / Area: 2046-Fiscal Services

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12
Salemi, Charles 45161000	Day: In - Out		745	610	945	605	945	530
	Lunch: Out - In		1205	100	1210	100	1205	1235
	Outside Duty: From - To							
Employee Signature <i>Charles Salemi</i>								
Document exceptions or comments, indicate type and amount.								
Saunders, Della 45161000	Day: In - Out		6:45	2:45	10:45	2:45	6:45	2:45
	Lunch: Out - In		1:30	2:00	1:30	2:00	1:30	2:00
	Outside Duty: From - To					7:45	12:50	
Employee Signature <i>Della Saunders</i>								
Document exceptions or comments, indicate type and amount.						Middlesex Superior Court		
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								



## William A. Hinton State Laboratory Institute

## OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Della Saunders Employee #: 147387

Department: Drug Laboratory

Date(s) of overtime work: February 11, 2012

# of hours requested: .75

Why work cannot be completed during regular hours: Significant backlog of samples

Overtime is to be:      paid at OT rate       added to comp time balance   
(If OT rate, complete below)

OT Account: 8100 9749

*Approval:*

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: Steve Karmy Date: 2/8/12

Denial reason: \_\_\_\_\_

Good Morning Fei,

Here are the time changes for last week,

Employee	ID #	Date	Change From	Change To
Kate Corbett	296644	2/10/12	REG 7.5	VAC 1.75
Michael Lawler	120459	2/9/12 2/10/12	CMT 7.5 OTP 2.5	REG 7.5 CIH 7.5
Hevis Lleshi	311855	2/10/12 2/11/12	REG 7.5 OTP 7.5	OTP 2.25 OTP 6.0
Elisabeth O'Brien	118097	2/10/12	REG 6.5	VAC 6.5
Janice Zanolli	220854	2/7/12 2/10/12	REG 7.5 REG 7.5	SIC 2.25 PER 5.5

Thanks,

Della

Della Saunders

Chemist III

Drug Analysis Laboratory Room 363

*William A. Hinton State Laboratory Institute*

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*Jamaica Plain, MA. 02130*

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*617-983-6625 fax*